

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044027

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10728

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

ST. LOUIS, MO.

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

ST. LOUIS, MO.

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE

ST. LOUIS CITY HOSP #1

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

c. CITY

ST. LOUIS

OR TOWN

2640 Hickory

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

ANNA

First

Middle

BROWN

Last

4. DATE OF DEATH

NOV

6

Day

1962

Year

5. SEX

Female

6. COLOR OR RACE

Colored

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

JULY 12, 1906

62

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

Rendee Morris

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Eugene Phason

Address

3814 - Garfield

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Artery Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6:40 to 11-6-62 and last saw her him alive on 11-6-62

Death occurred at 6:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John McLaughlin M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

11/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

11-12-62

23c. NAME OF CEMETERY OR CREMATORY

Father Jackson

23d. LOCATION (City, town, or county)

St. Louis Co. MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

2769 Chouteau

25. DATE RECD. BY LOCAL REG.

NOV 8 1962

26. REGISTRAR'S SIGNATURE

R. Smith M.D.

MC DONOUGH

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5072

P. O. Address 4535 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.